

09/532 786

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LS	3-30-00	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
1 Final	7-2-93
2 Original	7-2-93
3	11-1-93
4	11-1-93
5	11-1-93
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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